In re	Judd R Seastedt	According to the calculations required by this statement:
	Debtor(s)	■ The applicable commitment period is 3 years.
Case Nu		☐ The applicable commitment period is 5 years.
	(If known)	☐ Disposable income is determined under § 1325(b)(3).
		■ Disposable income is not determined under § 1325(b)(3).
		(Check the boxes as directed in Lines 17 and 23 of this statement.)

CHAPTER 13 STATEMENT OF CURRENT MONTHLY INCOME AND CALCULATION OF COMMITMENT PERIOD AND DISPOSABLE INCOME

In addition to Schedules I and J, this statement must be completed by every individual chapter 13 debtor, whether or not filing jointly. Joint debtors may complete one statement only.

		Par	t I.	REPORT OF INC	CO	ME				
	Marita	l/filing status. Check the box that applies a	nd c	omplete the balance	e o	f this part of this state	ment	as directed.		
1	a. Unmarried. Complete only Column A ("Debtor's Income") for Lines 2-10.									
	b. \square Married. Complete both Column A ("Debtor's Income") and Column B ("Spouse's Income") for Lines 2-10.									
	All figures must reflect average monthly income received from all sources, derived during the six calendar months prior to filing the bankruptcy case, ending on the last day of the month before							Column A	Column B	
								Debtor's		Spouse's
	the filing. If the amount of monthly income varied during the six months, you must divide the six-month total by six, and enter the result on the appropriate line.						Income			Income
2		wages, salary, tips, bonuses, overtime, con		•			\$	2,340.00	¢.	
		<u> </u>					Э	2,340.00	Þ	
3	Income from the operation of a business, profession, or farm. Subtract Line b from Line a and enter the difference in the appropriate column(s) of Line 3. If you operate more than one business, profession or farm, enter aggregate numbers and provide details on an attachment. Do not enter a number less than zero. Do not include any part of the business expenses entered on Line b as a deduction in Part IV.									
		Change manaints	\$	Debtor 0.00	¢	Spouse				
		Gross receipts Ordinary and necessary business expenses	\$	0.00						
		Business income		otract Line b from		e a	\$	0.00	\$	
4	part of	ropriate column(s) of Line 4. Do not enter a the operating expenses entered on Line b Gross receipts Ordinary and necessary operating expenses			•t Г \$					
	c. I	Rent and other real property income	Su	btract Line b from	Li	ne a	\$	0.00	\$	
5	Interes	t, dividends, and royalties.					\$	0.00	\$	
6	Pension	n and retirement income.					\$	0.00	\$	
7	Any amounts paid by another person or entity, on a regular basis, for the household expenses of the debtor or the debtor's dependents, including child support paid for that purpose. Do not include alimony or separate maintenance payments or amounts paid by the debtor's spouse. Each regular payment should be reported in only one column; if a payment is listed in Column A, do not report that payment in Column B.						\$	0.00	\$	
8	Unemployment compensation. Enter the amount in the appropriate column(s) of Line 8. However, if you contend that unemployment compensation received by you or your spouse was a benefit under the Social Security Act, do not list the amount of such compensation in Column A or B, but instead state the amount in the space below:									
		ployment compensation claimed to enefit under the Social Security Act Debtor	: \$	0.00 Sp	ous	e \$	\$	0.00	\$	

	Income from all other sources. Specify source				sources			
	on a separate page. Total and enter on Line 9. maintenance payments paid by your spouse,	but include all of	ther paym	ents of alimony				
9	separate maintenance. Do not include any be payments received as a victim of a war crime, or				ct or			
	international or domestic terrorism.	Debtor	<u>, , </u>	Spouse				
	a.	\$	\$	Spouse				
	b.	\$	\$			\$ 0.	00 \$	
10	Subtotal. Add Lines 2 thru 9 in Column A, and in Column B. Enter the total(s).					\$ 2,340.	00 \$	
11	Total. If Column B has been completed, add Line 10, Column A to Line 10, Column B, and enter the total. If Column B has not been completed, enter the amount from Line 10, Column A.							2,340.00
	Part II. CALCULATI	ON OF § 132	5(b)(4)	COMMITM	ENT F	PERIOD		
12	Enter the amount from Line 11						\$	2,340.00
	Marital Adjustment. If you are married, but a calculation of the commitment period under §							
	enter on Line 13 the amount of the income liste	ed in Line 10, Col	umn B tha	t was NOT paid	d on a reg	gular basis for		
	the household expenses of you or your depended income (such as payment of the spouse's tax lia							
13	debtor's dependents) and the amount of income on a separate page. If the conditions for enterin	devoted to each	purpose. I	f necessary, list				
	a.	ng uns aujusunem	s	pry, enter zero.				
	b.		\$					
	c		\$					
	Total and enter on Line 13	_					\$	0.00
14	Subtract Line 13 from Line 12 and enter the						\$	2,340.00
15	Annualized current monthly income for § 1325(b)(4). Multiply the amount from Line 14 by the number 12 and enter the result.					number 12 and	\$	28,080.00
16	Applicable median family income. Enter the information is available by family size at www							
	a. Enter debtor's state of residence:	NY b. E	Enter debto	r's household si	ze:	1	\$	47,381.00
	Application of § 1325(b)(4). Check the applic	able box and proc	eed as dire	ected.			•	
17	■ The amount on Line 15 is less than the an top of page 1 of this statement and continue			e box for "The	applicabl	le commitment p	eriod is	s 3 years" at the
	☐ The amount on Line 15 is not less than the at the top of page 1 of this statement and co			ck the box for "	The appli	cable commitme	nt peri	od is 5 years"
	Part III. APPLICATION OF	§ 1325(b)(3) FO	R DETER	MINING DIS	POSABI	LE INCOME		
18	Enter the amount from Line 11.						\$	2,340.00
	Marital Adjustment. If you are married, but a							
	any income listed in Line 10, Column B that was NOT paid on a regular basis for the household expenses of the debtor or the debtor's dependents. Specify in the lines below the basis for excluding the Column B income(such as							
	payment of the spouse's tax liability or the spouse's support of persons other than the debtor or the debtor's dependents) and the amount of income devoted to each purpose. If necessary, list additional adjustments on a							
19	separate page. If the conditions for entering thi				ai aujusti	ments on a		
	a.		\$					
	b. c.		\$					
	Total and enter on Line 19.		, .				\$	0.00
20	Current monthly income for § 1325(b)(3). Su	ıbtract Line 19 fro	om Line 18	and enter the r	esult.			2,340.00
	2 3 3 (%)(e)(e)						\$	2,340.00

21		dized current monthly inc ne result.	come for § 1325(b)(3). N	Multip	ly the a	mount from Line 2	0 by the number 12 and	\$	28,080.00
22	Applicable median family income. Enter the amount from Line 16.							\$	47,381.00
23	Application of § 1325(b)(3). Check the applicable box and proceed as directed. The amount on Line 21 is more than the amount on Line 22. Check the box for "Disposable income is deter 1325(b)(3)" at the top of page 1 of this statement and complete the remaining parts of this statement. The amount on Line 21 is not more than the amount on Line 22. Check the box for "Disposable income is recomplete 1325(b)(3)" at the top of page 1 of this statement and complete Part VII of this statement. Do not complete Part VII of this statement.							ot detern	nined under §
		Part IV. C	ALCULATION ()F I	EDU	CTIONS FR	OM INCOME		
		Subpart A: D	eductions under Star	ndar	ds of th	ne Internal Reve	nue Service (IRS)		
24A	National Standards: food, apparel and services, housekeeping supplies, personal care, and miscellaneous. Enter in Line 24A the "Total" amount from IRS National Standards for Allowable Living Expenses for the applicable number of persons. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) The applicable number of persons is the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.							\$	
24B	National Standards: health care. Enter in Line a1 below the amount from IRS National Standards for Out-of-Pocket Health Care for persons under 65 years of age, and in Line a2 the IRS National Standards for Out-of-Pocket Health Care for persons 65 years of age or older. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) Enter in Line b1 the applicable number of persons who are under 65 years of age, and enter in Line b2 the applicable number of persons who are 65 years of age or older. (The applicable number of persons in each age category is the number in that category that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.) Multiply Line a1 by Line b1 to obtain a total amount for persons under 65, and enter the result in Line c1. Multiply Line a2 by Line b2 to obtain a total amount for persons 65 and older, and enter the result in Lin c2. Add Lines c1 and c2 to obtain a total health care amount, and enter the result in Line 24B.					onal Standards for able at cable number of persons o are 65 years of age or ory that would currently ional dependents whom and enter the result in and enter the result in Line			
	Persons under 65 years of age			Persons 65 years of age or older					
	a1.	Allowance per person		a2.	Allow	ance per person			
	b1.	Number of persons		b2.		er of persons			
	c1.	Subtotal		c2.	Subto			\$	
25A	Local Standards: housing and utilities; non-mortgage expenses. Enter the amount of the IRS Housing and Utilities Standards; non-mortgage expenses for the applicable county and family size. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court). The applicable family size consists of the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.						nis information is e family size consists of	\$	
25B	Local Standards: housing and utilities; mortgage/rent expense. Enter, in Line a below, the amount of the IRS Housing and Utilities Standards; mortgage/rent expense for your county and family size (this information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court) (the applicable family size consists of the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support); enter on Line b the total of the Average Monthly Payments for any debts secured by your home, as stated in Line 47; subtract Line b from Line a and enter the result in Line 25B. Do not enter an amount less than zero. a. IRS Housing and Utilities Standards; mortgage/rent expense b. Average Monthly Payment for any debts secured by your home, if any, as stated in Line 47 c. Net mortgage/rental expense Subtract Line b from Line a.						4		
		Net mortgage/rental expen		Non -	onten d	•		\$	
26	25B do Standa	Standards: housing and upperson of accurately compute rds, enter any additional antion in the space below:	the allowance to which	you a	re entitl	ed under the IRS H	Iousing and Utilities	\$	
				_					

	Local Standards: transportation; vehicle operation/public transportation; expense allowance in this category regardless of whether you pay the regardless of whether you use public transportation.					
27A	Check the number of vehicles for which you pay the operating expension included as a contribution to your household expenses in Line 7. \square 0					
	If you checked 0, enter on Line 27A the "Public Transportation" amount from IRS Local Standards: Transportation. If you checked 1 or 2 or more, enter on Line 27A the "Operating Costs" amount from IRS Local Standards: Transportation for the applicable number of vehicles in the applicable Metropolitan Statistical Area or Census Region. (These amounts are available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)					
27B	Local Standards: transportation; additional public transportation expense. If you pay the operating expenses for a vehicle and also use public transportation, and you contend that you are entitled to an additional deduction for your public transportation expenses, enter on Line 27B the "Public Transportation" amount from the IRS Local Standards: Transportation. (This amount is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)					
	Local Standards: transportation ownership/lease expense; Vehicle 1. Check the number of vehicles for which you claim an ownership/lease expense. (You may not claim an ownership/lease expense for more than two vehicles.) 1 2 or more.					
28	Enter, in Line a below, the "Ownership Costs" for "One Car" from the (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy Monthly Payments for any debts secured by Vehicle 1, as stated in Li the result in Line 28. Do not enter an amount less than zero.	court); enter in Line b the total of the Average				
	a. IRS Transportation Standards, Ownership Costs Average Monthly Payment for any debts secured by Vehicle	\$				
	b. 1, as stated in Line 47	\$				
	c. Net ownership/lease expense for Vehicle 1 Local Standards: transportation ownership/lease expense; Vehicle	Subtract Line b from Line a.	\$			
29	the "2 or more" Box in Line 28. Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 2, as stated in Line 47; subtract Line b from Line a and enter the result in Line 29. Do not enter an amount less than zero.					
	a. IRS Transportation Standards, Ownership Costs	\$				
	b. Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 47	\$				
	c. Net ownership/lease expense for Vehicle 2	Subtract Line b from Line a.	\$			
30	Other Necessary Expenses: taxes. Enter the total average monthly e state, and local taxes, other than real estate and sales taxes, such as in security taxes, and Medicare taxes. Do not include real estate or sale	come taxes, self employment taxes, social	\$			
31	Other Necessary Expenses: involuntary deductions for employment deductions that are required for your employment, such as mandatory uniform costs. Do not include discretionary amounts, such as volu	retirement contributions, union dues, and	\$			
32	Other Necessary Expenses: life insurance. Enter total average monthly premiums that you actually pay for term life insurance for yourself. Do not include premiums for insurance on your dependents, for whole life or for any other form of insurance.					
33	Other Necessary Expenses: court-ordered payments. Enter the total monthly amount that you are required to pay pursuant to the order of a court or administrative agency, such as spousal or child support payments. Do not include payments on past due obligations included in line 49.					
34	Other Necessary Expenses: education for employment or for a physically or mentally challenged child. Enter					
35	Other Necessary Expenses: childcare. Enter the total average mont childcare - such as baby-sitting, day care, nursery and preschool. Do		\$			
36	Other Necessary Expenses: health care. Enter the total average mo health care that is required for the health and welfare of yourself or yoursurance or paid by a health savings account, and that is in excess of include payments for health insurance or health savings accounts	our dependents, that is not reimbursed by the amount entered in Line 24B. Do not	\$			

B 22C (O	merai Form 22C) (Chapter 13) (12/10)		J					
37	Other Necessary Expenses: telecommunication service actually pay for telecommunication services other than y pagers, call waiting, caller id, special long distance, or in welfare or that of your dependents. Do not include any	\$						
38	Total Expenses Allowed under IRS Standards. Enter	the total of Lines 24 through 37.	\$					
	Subpart B: Additio	onal Living Expense Deductions						
	-	penses that you have listed in Lines 24-37						
	Health Insurance, Disability Insurance, and Health Savings Account Expenses. List the monthly expenses in the categories set out in lines a-c below that are reasonably necessary for yourself, your spouse, or your dependents.							
39	a. Health Insurance	\$						
	b. Disability Insurance	\$						
	c. Health Savings Account	\$						
	Total and enter on Line 39		\$					
	If you do not actually expend this total amount, state below: \$	your actual total average monthly expenditures in the space						
40	Continued contributions to the care of household or family members. Enter the total average actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. Do not include payments listed in Line 34.							
41	Protection against family violence. Enter the total average reasonably necessary monthly expenses that you actually incur to maintain the safety of your family under the Family Violence Prevention and Services Act or other applicable federal law. The nature of these expenses is required to be kept confidential by the court.							
42	Home energy costs. Enter the total average monthly an Standards for Housing and Utilities that you actually extrustee with documentation of your actual expenses, a claimed is reasonable and necessary.	\$						
43	Education expenses for dependent children under 18. actually incur, not to exceed \$147.92 per child, for atten school by your dependent children less than 18 years of documentation of your actual expenses, and you must necessary and not already accounted for in the IRS S	\$						
44	Additional food and clothing expense. Enter the total a expenses exceed the combined allowances for food and Standards, not to exceed 5% of those combined allowan or from the clerk of the bankruptcy court.) You must dereasonable and necessary.	\$						
45	Charitable contributions. Enter the amount reasonably necessary for you to expend each month on charitable contributions in the form of cash or financial instruments to a charitable organization as defined in 26 U.S.C. § 170(c)(1)-(2). Do not include any amount in excess of 15% of your gross monthly income.							
46	Total Additional Expense Deductions under § 707(b).	• Enter the total of Lines 39 through 45.	\$					
	I.		l .					

		Subpart C: Deductions for D	ebt Pay	ment					
47	Future payments on secured claims. For each of your debts that is secured by an interest in property that you own, list the name of creditor, identify the property securing the debt, state the Average Monthly Payment, and check whether the payment includes taxes or insurance. The Average Monthly Payment is the total of all amounts scheduled as contractually due to each Secured Creditor in the 60 months following the filing of the bankruptcy case, divided by 60. If necessary, list additional entries on a separate page. Enter the total of the Average Monthly Payments on Line 47.								
	Name of Creditor Property Securing the Debt Average Monthly include taxes Payment or insurance								
	a.			Add Lines	□yes □no	\$			
48	Other payments on secured claims. If any of debts listed in Line 47 are secured by your primary residence, a motor vehicle, or other property necessary for your support or the support of your dependents, you may include in								
	Name of Creditor	Property Securing the Debt	\$	1/60th of t	the Cure Amount				
	a.		Ф	i	Total: Add Lines	\$			
49	not include current obligations, such as those set out in Line 33.								
	resulting administrative expense.	nses. Multiply the amount in Line a by the	ie amount	m Lme o, a	nd enter the				
50	a. Projected average monthl b. Current multiplier for you issued by the Executive C information is available a the bankruptcy court.) c. Average monthly adminis	\$							
51	Total Deductions for Debt Paym	nent. Enter the total of Lines 47 through	50.			\$			
		Subpart D: Total Deductions	from In	ncome		·			
52	Total of all deductions from inco	ome. Enter the total of Lines 38, 46, and	51.			\$			
	Part V. DETERN	MINATION OF DISPOSABLE	INCON	ME UNDI	ER § 1325(b)(2	2)			
53	Total current monthly income.	\$							
54	Support income. Enter the month payments for a dependent child, relaw, to the extent reasonably necessary.	\$							
55	Qualified retirement deductions. Enter the monthly total of (a) all amounts withheld by your employer from								
56	Total of all deductions allowed u	under § 707(b)(2). Enter the amount fro	m Line 52			\$			

there is no reasonable alternative, describe the special circumsta. If necessary, list additional entries on a separate page. Total the provide your case trustee with documentation of these expenses.	7. St				
Nature of special circumstances	Nature of special circumstances Amount of Expense				
a.	\$				
b.	\$				
c.	\$				
	Total: Add Lines	\$			
Total adjustments to determine disposable income. Add the result.	\$ _				
Monthly Disposable Income Under § 1325(b)(2). Subtract Line 58 from Line 53 and enter the result.					
Part VI. ADDITIONA	L EXPENSE CLAIMS				
of you and your family and that you contend should be an addit	ional deduction from your current monthly incom	e under §			
Expense Description	Monthly Amou	nt			
a.	\$				
Part VII. VE	RIFICATION	_			
I declare under penalty of perjury that the information provided <i>must sign.</i>) Date: June 15, 2012	in this statement is true and correct. (If this is a j	oint case, both debtors			
	there is no reasonable alternative, describe the special circumsta. If necessary, list additional entries on a separate page. Total the provide your case trustee with documentation of these exper of the special circumstances that make such expense necessa. Nature of special circumstances a. b. c. Total adjustments to determine disposable income. Add the result. Monthly Disposable Income Under § 1325(b)(2). Subtract Lix Part VI. ADDITIONA Other Expenses. List and describe any monthly expenses, not of you and your family and that you contend should be an addit 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a see each item. Total the expenses. Expense Description a. b. c. d. Total: Add Lines Part VII. VE I declare under penalty of perjury that the information provided must sign.)	a. \$ \$ \$ \$ \$ \$ \$ \$ \$			

Judd R Seastedt

(Debtor)